

Form 3160-5  
(July 1989)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on reverse  
side)

NM OIL CONS COMMISSION

Drawn by SLD Boswell District  
Modified Form No. 88210  
Artesia MMQ6004604

015F

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT-" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED		5. LEASE DESIGNATION AND SERIAL NO. NM-25876	
2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC.		3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, TX 79702		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3a. AREA CODE & PHONE NO. (915) 688-4606		3b. WELL NO. 7		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FWL, UNIT LETTER L.		10. FIELD AND POOL, OR WILDCAT LIVINGSTON RIDGE DELA.		8. FARM OR LEASE NAME GETTY '24' FEDERAL	
14. PERMIT NO. API NO.- 30-015-27147		15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-3570'		9. WELL NO. 7	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 24, T-22-S, R-31-E	
				12. COUNTY OR PARISH EDDY	
				13. STATE NM	

**Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) EXTEND DRILLING PERMIT	<input checked="" type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

DUE TO DRILLING PRIORITY, WE WILL NOT SPUD THIS WELL BEFORE THE SEPTEMBER 23, 1994 EXPIRATION DATE.  
PLEASE EXTEND THIS PERMIT FOR AN ADDITIONAL YEAR.

12  
ENDING 9/23/95

18. I hereby certify that the foregoing is true and correct

SIGNED C. P. Bosham / cwb TITLE DRILLING OPERATIONS MANAGER DATE 08-17-94

(This space for Federal or State office use)

APPROVED BY FORG. SEC. JOE G. LAR TITLE FORG. SEC. JOE G. LAR DATE 9/29/94

\*See Instructions on Reverse Side